STATEMENT OF

RECEIVED

FORM 1		ORGANIZATION			2012 OCT - 1 PM 12: 13 FOE CUMANL CENTER		
1. NAME OF COMMITTEE (in	r full)	(Check if nar is changed)		ample:If typing, type or the lines.	12FE4M5		
UNITED S	TATE	S PRESIDE	ŅŢĮĄĻ	ELECTION	IS FUND	OF FLC	PIDA
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ADDRESS (number a	nd street)	P. O. BOX	66731	3			لىسى
(Check if address is changed)		POMPANO	BEAC	CH	FL	33066	لبيا
			CITY		STATE	ZIP COI	DE
COMMITTEE'S E-MA	address	S (Please provide only USPreside		dress) ectionsFund	PAC\$@	/ahoo,co	<u>m, </u>
COMMITTEE'S WEE	PAGE ADD	DRESS (URL)					
(Check if is change			 				
2. DATE ÖŞ)°′22	° ′ 20′12 ′					
3. FEC IDENTIFIC	CATION NU	MBER	С				
4. IS THIS STATE	MENT 🔀	NEW (N)	OR [AMENDED (A)			
I certify that I have	examined th	is Statement and to th	e best of my	knowledge and belief it	is true, correct a	and complete.	
Type or Print Name	of Treasurer	DONALD	ROCK	EFELLER		J. J	
Signature of Treasure	er _	Sonald a	Crkep	eler	Date Ö9 ⁴	' 22 ° ′ ;	Ž0'1Ž `
NOTE: Submission of				lajact the paiceon aligning (he penalties of 2	U.S.C. §437g.
Office Use				For further Information of Federal Election Commissi Toll Free 800-424-9530		FEC FOF	